

TRAVEL EXPENSE CLAIM

FA-0302 (REV. 1/1999) Front CT #7541-0620-9

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

See Instructions On Reverse Side

CLAIMANT'S NAME (First, Mi, Last)		SOCIAL SECURITY NUMBER		DEPARTMENT	
Randell H. Iwasaki		[REDACTED]		TRANSPORTATION	
POSITION		B.U./M.D.		DIST./UNIT (Where Check Will Be Sent)	
Director		M		85/001	
CONTACT PHONE # (Include Area Code)		[REDACTED]			
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS			
[REDACTED]		1120 N Street			
CITY		STATE		ZIP CODE	
[REDACTED]		California		95814-	

(1) MONTH/YEAR		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) (A) COST OF	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T. N/C.REL. OR DINNER			(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE				
												MILES	AMOUNT		
6	0630 - 1600	Elk Grove - Airport - Burbank - Airport - Elk Grove						TD	PC	P	15.00	50	27.50		42.50
7	0700 - 1635	Elk Grove - Oakland - Elk Grove							PC	PT	10.00	195	107.25		117.25
13	1930	Sacramento - Oakland	118.82						PC			85	46.75		165.57
14	1400	Oakland - Sacramento							PC	PT	13.00	85	46.75		59.75
15	1400 - 1750	Elk Grove - Sacramento - Elk Grove							PC			24	13.20		13.20
16	1400 - 2030	Elk Grove - SF - Elk Grove							PC	T	4.00	186	102.30		106.30
(10) SUBTOTALS			118.82									42.00	625	343.75	504.57

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6) Speak at WTS Meeting 7) Speak at TBPOC meeting 13 -14) Speak at Senator Boxers ARRA Hearing 15) Senator Ashburn's radio talk show 16)BART Strike Media Event at toll plaza

CLAIM TOTAL	\$ 504.57
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(12) NORMAL WORK HOURS	SUP. FIX	T. CODE	M. O. D.	SOURCE	CHG. DIST	EXP. AUTH.	SUBJOB	SPECIAL DESIGNATION	FAE	AGCY. OBJ.	AMOUNT	FY	MSA CODE
0800 - 1700				DIST	UNIT								
(13) PRIVATE VEHICLE LICENSE#				85	001	85	961010		7	001	\$42.00		
				85	001	85	961010		7	010	\$343.75		
(14) MILEAGE RATE CLAIMED				85	001	85	961010		7	020	\$118.82		
0.55													
AGENCY ACCOUNTING OFFICE USE ONLY													
PAID BY REV. FUND CHECK #													

(15) I HEREBY CERTIFY that the above line is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
[REDACTED]		[REDACTED]	09-09-09
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse side)			DATE

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

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PERSONAL INFORMATION NOTICE

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CLAIMANT'S NAME (First, Mi, Last)			CALTRANS EMPLOYEE ID NUMBER		CONTACT PHONE NUMBER	
Randell H. Iwasaki			[REDACTED]		(916) 654-5791	
POSITION TITLE		B.U./M.D.	NUMERIC DIST/UNIT (For Check to Be Sent)		ALTERNATE PHONE NUMBER	
Director			85			
CLAIMANT'S HOME ADDRESS			HEADQUARTERS ADDRESS			M.S.
[REDACTED]			1120 N Street			49
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	Sacramento		CA	95814

(1) MONTH/YEAR August 2009		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE (Box 18)	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE			
										MILES	AMOUNT			
9		China VISA Fee (Richmond, CA)											190.00	190.00
(10) SUBTOTALS													190.00	190.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)		Claim Total	\$ 190.00
VISA processing fee for upcoming trips to China for SFOBB SAS contract.			

[illegible]

(16) CLAIMANT'S SIGNATURE _____

(16) CLAIMANT'S SIGNATURE [REDACTED]	DATE 9-15-09
(17) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 9/15/09
(18) SIGNATURE AND TITLE OF AUTHORITY FOR BUSINESS EXPENSES EXCEEDING \$25.00 [REDACTED]	DATE 9/15/09

NOTE: ORIGINAL TEC AND RECEIPTS PLUS ONE COPY MUST BE SENT TO ACCOUNTING

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CLAIMANT'S NAME (First, Mi, Last)		SOCIAL SECURITY NUMBER		DEPARTMENT	
Randell H. Iwasaki		[REDACTED]		TRANSPORTATION	
POSITION	B.U./M.D.	DIST./UNIT (Where Check Will Be Sent)		CONTACT PHONE # (Include Area Code)	
Director	M	85/001		(916) 685-267	
CLAIMANT'S HOME ADDRESS		HEADQUARTERS ADDRESS			
[REDACTED]		1120 N Street			
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	Sacramento	California	95814-

(1) MONTH/YEAR 08/09		(3) LOCATION Where Expenses Were Incurred	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION						(8) BUSINESS EXPENSE	(9) TOTAL EXPENSE FOR DAY
(2) DATE	TIME			BREAK- FAST	LUNCH	O.T., L/T, N/C, REL, OR DINNER		(A) COST OF	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMOUNT			
21	0730 - 1800	Elk Grove - Oakland - Elk Grove						PC	T	4.00	191	105.05		109.05	
30	1730	Elk Grove - Airport - San Diego					10	PC A	B	15.00	25	13.75		28.75	
31	1630	San Diego - Airport - Sacramento						A PC	P	15.00	12	6.60		21.60	
(10) SUBTOTALS										34.00	228	125.40		159.40	

CLAIM TOTAL	\$ 159.40
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[illegible]

CLAIMANT'S SIGNATURE [REDACTED]	DATE 9-3-09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT [REDACTED]	DATE 09-08-09
17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse side) [REDACTED]			DATE 9-8-09

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